

BOARD OF DENTISTRY
ANESTHESIA COMMITTEE
301 S. PARK AVENUE 4TH FLOOR
APRIL 10, 2009
MINUTES

CALL TO ORDER: Doug Smith, Committee Chairman called the meeting to order at 9:04 a.m.

PRESENT: Stephen Walters, DMD; Ronald Neal, DDS; Terry Klise, DDS; Paul Sims, DDS; Bernadette Wilson, MD, DDS; Joel Sayre, DMD; and Douglas Smith DMD

DLI STAFF: Traci Collett, Board Administrator

PUBLIC COMMENT STATEMENT:

In accordance with 2-3-103(1), MCA, the Board will hold a public comment period. Please note that Open Forum is the public's opportunity to address the Board on any topic that is not already on the agenda for this meeting. While the Board cannot take action on the issues presented, the Board will listen to comments and may ask that the issue be placed on a subsequent agenda for possible action by the Board. The Chairperson of the Board will determine the amount of time allotted for public comment. A decision on whether to hold a meeting in executive session is in the discretion of the Presiding Chair pursuant to Section 2-3-203 MCA.

No public comments were presented

REVIEW AND DISCUSS DENTAL ANESTHESIA REGULATIONS:

Dr. Smith reviewed the discussion from the last meeting and reviewed the suggested amendments to the ADA regulations.

In B. Moderate Sedation, paragraph 4, "Monitoring and Documentation" the committee agreed to delete "qualified dentist" and replace with ~~"qualified assistant"~~ "qualified auxiliary" must remain in the operatory room to monitor the patient continuously until recovered. The dentist must be immediately available (within the office, but not required in the operatory). At the last meeting the committee had suggested using the term "qualified assistant" the committee decided that "qualified auxiliary" is more appropriate. A definition of "qualified auxiliary" will have to be developed.

Also in B.; 4. Monitoring and Documentation, under "Circulation" it states "continuous ECG monitoring.....should be considered". The committee would like to see it state "continuous ECG monitoring.....is required".

In C. Deep Sedation or General Anesthesia, 3. Personnel and Equipment Requirements, under "Equipment", the 6th bullet, "If volatile anesthetic agents are utilized, an inspired agent analysis monitor and capnograph should be "required", rather than "considered". The rationale is the standard of care for the use of volatile anesthetic agents usually preclude the requirement for intubation. The committee concurred with this change.

In C.; 4. Monitoring and Documentation, "Monitoring", the fourth bullet "Temperature" should include the immediate availability of "Dantrolene" whenever triggering agents associated with malignant hyperthermia are administered. The committee suggested using another term to include other medications and not limit it to Dantrolene.

Motion: Dr. Neal to approve with suggested amendments

Second: Dr. Kleis

Passed:

The committee discussed the ADA guidelines for "Teaching pain control and sedation to dentists and dental students". Dr. Sims updated the committee on a training course being developed by the ADA. Dr. Sims also reported that the Board will be proposing to change the continuing education requirement for dentists who hold an anesthesia permit. The current regulations require an additional number of CE credits and the proposed change will require that a certain number of the sixty CE hours required for all dentists be specific to anesthesia.

Motion: Dr. Kleise to accept, as is, the ADA "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students"

Second: Dr. Walters

Passed:

The possibility of requiring inspections for dentists/offices that utilize the services of a nurse anesthetist or medical anesthesiologist was discussed.

The committee then discussed the current statutes and rules and suggested changes that would be needed to reflect the requirements found in the ADA guidelines.

It was determined that throughout the regulations the following terms would need to be changed.

"mild relaxation" to minimal sedation"

"conscious sedation" to "moderate sedation"

"light general anesthesia" to "deep sedation"

"general anesthesia to "deep sedation"

37-4-511. Limitations on the administration of general anesthetics and practices involving general anesthesia. (1) No person engaged in the practice of dentistry or oral surgery may perform any dental or surgical procedure upon another person if a general anesthetic with intubation is administered unless such anesthetic is administered and monitored by:

(a) an anesthesiologist licensed to practice medicine by the state board of medical examiners;

(b) a nurse anesthetist recognized in that specialty by the state board of nursing; or

(c) another health professional who has completed an oral and maxillofacial or dental anesthesia program received at least 1 year of postgraduate training in the administration of general anesthesia.

~~(2) No person engaged in the practice of dentistry or oral surgery may conduct any dental or surgical procedure upon another person under full general anesthesia unless the vital signs of the patient are continually monitored by another health professional who meets the qualifications for an anesthesiologist, nurse anesthetist, or other trained health professional as provided for in subsection (1).~~

(3) No person engaged in the practice of dentistry or oral surgery may conduct any dental or surgical procedure upon another person under light general anesthesia unless the vital signs of the patient are continually monitored by another person who has been examined by the board or its agent in life support skills and demonstrated a satisfactory level of proficiency as established by the board.

(4) No person engaged in the practice of dentistry or oral surgery may administer a deep sedation or general anesthesia ~~general anesthetic~~ to any other person unless he satisfies the requirements for a person qualified to administer a general anesthetic, as provided in subsection (1), and meets any additional standards established by the board of dentistry for training in the administration of general anesthesia and in the treatment of the complications thereof. This subsection does not affect the requirements for monitoring of vital signs by another health professional under subsection (2) or (3).

(5) The facility in which general anesthesia is to be administered as part of a dental or surgical procedure must be equipped with proper drugs and equipment to safely administer anesthetic agents, to monitor the well-being of the patient under general anesthesia, and to treat the complications that may arise ~~from general anesthesia.~~

ARM 24.138.3204 MINIMUM MONITORING STANDARDS, needs extensive changes throughout to reflect the information found in the ADA guidelines.

(4)(iii) of this rule needs to be changed to reflect that OMS or dental anesthesia program must be completed not one year of postgraduate training in the administration of general anesthesia.

(4)(b) should be changed to require AED training not just basic life support.

The statutes and rules will be reviewed and suggested changes marked for the committee to review at a future meeting.

Medications with reversal agents were discussed. The committee suggested allowing the use of only those drugs for which there is a reversal agent.

Motion: Dr. Kleise to add wording to the rules that "only drugs with reversal agents are to be used with moderate sedation.

Second: Dr. Wilson

Passed:

The committee would also like to recommend that the Board require CRNA or Nurse Anesthesiologists to meet the same requirements as dentists who hold an anesthesia permit. Dr. Sims will consult the Board's legal counsel to see if this is possible and report back to the committee at a future meeting.

CONFIRM FUTURE MEETING DATES: A future meeting will be held once the rule changes and other information is ready for the committee to review.

ADJOURNMENT: Meeting adjourned at 12:00 p.m.

SUBMITTED BY: Traci Collett

APPROVED BY: _____
Douglas Smith, DMD

DATE: _____